

1999
DELAWARE FIDUCIARY
INCOME TAX RETURN

FISCAL YEAR ____/____/____ To ____/____/____

CHECK APPLICABLE BOX: ☐ INITIAL RETURN ☐ AMENDED RETURN

NAME OF TRUST OR ESTATE			FILING STATUS (CHECK ONE) RESIDENT ESTATE <input type="checkbox"/> NON-RESIDENT ESTATE <input type="checkbox"/> RESIDENT TRUST <input type="checkbox"/> NON-RESIDENT TRUST <input type="checkbox"/>
TRUST NUMBER	EMPLOYER IDENTIFICATION NUMBER		
NAME AND TITLE OF FIDUCIARY			
ADDRESS OF FIDUCIARY (NUMBER AND STREET)			
CITY	STATE	ZIP CODE	

NOTE: YOU MUST ATTACH A COPY OF YOUR FEDERAL RETURN (FORM 1041) AND SUPPORTING SCHEDULES TO THIS RETURN

1. FEDERAL TAXABLE INCOME OF FIDUCIARY (FORM 1041, LINE 22).....			1.
2. FIDUCIARY'S SHARE OF DELAWARE MODIFICATIONS (FROM PAGE 2, SCHEDULE B, COLUMN B, LINE1).....			2.
3. DEDUCT INCOME ACCUMULATED FOR NON-RESIDENT BENEFICIARIES (TOTAL FROM PAGE 2, SCHEDULE C)...			3.
4. DELAWARE TAXABLE INCOME OF FIDUCIARY (LINE 1 PLUS/MINUS LINE 2 AND MINUS LINE 3).....			4.
5. TAX (COMPUTE FROM TAX RATE SCHEDULE ON PAGE 2).....			5.
6. TAX ON LUMP SUM DISTRIBUTIONS (FORM 329 MUST BE ATTACHED).....			6.
7. TOTAL TAX - ADD LINES 5 AND 6 AND ENTER HERE.....			7.
8. CREDITS.....			8.
9. ESTIMATED TAX PAID AND PAYMENTS WITH EXTENSIONS.....			9.
10. OTHER PAYMENTS.....			10.
11. TOTAL PAYMENTS AND CREDITS (ADD LINES 8, 9, AND 10).....			11.
12. PREVIOUS REFUNDS.....			12.
13. NET PAYMENTS/CREDITS (SUBTRACT LINE 12 FROM LINE 11).....			13.
14. IF LINE 7 IS MORE THAN LINE 13, SUBTRACT LINE 13 FROM LINE 7.....PAY IN FULL>			14.
15. IF LINE 13 IS MORE THAN LINE 7, SUBTRACT LINE 7 FROM LINE 13.....OVERPAYMENT>			15.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS RETURN, INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT, AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN TAXPAYER, HIS DECLARATION IS BASED ON ALL INFORMATION OF WHICH HE HAS ANY KNOWLEDGE.

SIGNATURE OF FIDUCIARY OR OFFICER REPRESENTING FIDUCIARY_____
DATE_____
PAID PREPARER BUSINESS PHONE_____
SIGNATURE OF PAID PREPARER_____
DATE_____
PAID PREPARER EMPLOYER ID OR SOCIAL SECURITY NUMBER_____
PAID PREPARER ADDRESS (STREET, CITY, STATE & ZIP CODE)**MAKE CHECK PAYABLE AND MAIL TO: DIVISION OF REVENUE, P.O. BOX 2044, WILMINGTON, DELAWARE 19899-2044**

SCHEDULE A - DELAWARE MODIFICATIONS AND ADJUSTMENTS

ADDITIONS

1. INTEREST ON OBLIGATIONS OF STATES OTHER THAN DELAWARE.....			1.
2. OTHER ADJUSTMENTS.....			2.
3. STATE INCOME TAX DEDUCTED ON FEDERAL RETURN (ALL STATES) (SEE INSTRUCTIONS).....			3.
4. TOTAL ADDITIONS (ADD LINES 1, 2, AND 3).....			4.

SUBTRACTIONS

5. INTERST ON U.S. OBLIGATIONS.....			5.
6. OTHER ADJUSTMENTS.....			6.
7. TOTAL SUBTRACTIONS.....			7.
8. NET DELAWARE MODIFICATIONS (DIFFERENCE BETWEEN LINES 4 AND 7). ENTER HERE AND AS TOTAL OF SCHEDULE B, COLUMN B.....			8.

SCHEDULE B - SHARE OF DELAWARE MODIFICATIONS AND ADJUSTMENTS

SCHEDULE B - SHARE OF DELAWARE MODIFICATIONS AND ADJUSTMENTS

NAME AND ADDRESS	SOCIAL SECURITY NUMBER	COLUMN A		%	COLUMN B		
		SHARE OF FEDERAL DISTRIBUTABLE NET INCOME			SHARE OF DELAWARE MODIFICATIONS AND ADJUSTMENTS		
1. FIDUCIARY SHARE		\$			\$		1.
2.							2.
3.							3.
4.							4.
5.							5.
6. TOTAL.....		\$		100%	\$		

SCHEDULE C - INCOME ACCUMULATED FOR NON-RESIDENT BENEFICIARY

(IF BENEFICIARY RESIDED IN DELAWARE DURING ANY PART OF THE TAXABLE YEAR, SPECIFY DATES)

NAME AND ADDRESS OF BENEFICIARY	DATES RESIDED IN DELAWARE	%	AMOUNT	
A.			\$	A
B.				B
C.				C
ENTER TOTAL ON PAGE 1, LINE 3.....				

TAX RATE SCHEDULE

IF INCOME ON LINE 4 IS:		YOUR TAX IS:
AT LEAST	BUT NOT OVER	
\$ 0.	\$ 2,000.	\$ 0.
2,000.	5,000.	2.60% OF AMOUNT OVER \$2,000.
5,000.	10,000.	\$78.00 + 4.30% OF AMOUNT OVER \$5,000.
10,000.	20,000.	\$293.00 + 5.20% OF AMOUNT OVER \$10,000.
20,000.	25,000.	\$813.00 + 5.60% OF AMOUNT OVER \$20,000.
25,000.	60,000.	\$1,093.00 + 5.95% OF AMOUNT OVER \$25,000.
60,000 AND OVER		\$3,175.50 + 6.40% OF AMOUNT OVER \$60,000.